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### MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES

STATE PUBLIC HEALTH LABORATORY

BREATH ALCOHOL PROGRAM

#### INTOX DMT MAINTENANCE REPORT

RECEIVED

RT#1

Complete this report at the time of the regular monthly preventive maintenance By Carol Day at 12:00 pm, Nov 17, 2015 Complete this report whenever the instrument is serviced or repaired and when Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS. DATE OF INSPECTION NAME OF AGENCY 11/13/2015 Missouri State Highway Patrol 500170 TIME OF INSPECTION LOCATION OF INSTRUMENT (STREET AND CITY) 16:56:03 Mercer Co SO, 802 E. Main St., Princeton CHECKLIST: Place a mark in the box by each item if found to be satisfactory or is operating within established limits. (Write in observed values where determined). Unmarked items must be corrected before using instrument. □ DETECTOR DATE AND TIME 11/13/2015 16:56:05 ☑ FILTER 1 ☑ PROGRAM SAMPLE CHAMBER 48.7°C ☑ BREATH TUBE 47.9°C ☑ FILTER 3 **I** PUMP BREATH ANALYZER ACCURACY STANDARDS ☐ SIMULATOR STANDARD EXP. DATE 06/17/2017 LOT # AG516801 SIMULATOR SN SIMULATOR EXP DATE ☐ SIMULATOR TEMP (34°C ± 0.2°C) CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT) Run three tests using a standard. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard being used. ☑ 0.10% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE ☐ 0.08% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE □ 0.04% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE TEST 2: 0,098 TEST 3: 0.098 TEST 1: 0.098 PERFORM R.F.I. TEST INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: OVER .19: 0 15-.19: 0 REFUSALS: 0 0 - .04: 0.05-.09: 0 10-.14: 1 LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR WOD FICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHING ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY) switched standard to dry gas INSPECTING OFFICER PRINT FULL NAVE SIGNATURE (1) P (. #0 DOUG PLITTLE YPE J PERMIT NUMBER EXPIRATION DATE ELEPHONE NUMBER 04/22/2016 816-387-2345 240176 RETURN COMPLETED REPORT TO THE Breath Alcohol Program, MO Department of Health and Senior Services Southeast District Office 2875 James Bivd, Poolar Bluff, MO 63901



Airgas USA LLC (LAB)

3500 Bernard Street

St. Louis, Mo. 63103

Ph: (314) 533-3100

Fax: (314) 533-7328

### **Certificate of Analysis**

**Customer Name** Intoximeters, Inc. 2081 Craig Road St. Louis, Mo 63146

Test Date: 17-Jun-2015

#### Lot # AG516801

Exp. Date 17-Jun-2017

Cyl. Type 108

Component

**Certified Concentration** 

Ethanol Nitrogen

0.100 ± 2% BrAC (260 ppm)

Balance

#### Certification Traceable to N.I.S.T. RGM Ethanol Standards:

Serial No. EB0010581 EB0010570 EB0010285 EB0010561 EB0010681	Concentration 391.8 ppm 259.8 ppm 209.0 ppm 103.7 ppm	Serial No. EB0010603 EB0010559 EB0010595 EB0010562	Concentration 392.5 ppm 258.9 ppm 208.9 ppm 104.9 ppm
EB0010681	52.22 ppm	EB0010579	52.94 ppm

Analytical Method:

**NDIR** 

Digitally signed by Quality Control Date: 2015.06.17 15:18:11-05:00 Reason: Dry gas standard certification of analysis Location: Airgas USA LLC (Lab)

Morl Marsola Rod Marsala

ISO 17025:2005 A2LA accredited. Certificate Number 2989.01



### STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM



# PERMIT TYPE II

# DOUGLAS P LITTLE

s hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field service and repairs. and operate the following breath analyzer(s):

## DATAMASTER, INTOX DMT

for the determination of the alcoholic content of blood from a sample of expired air. Permit issued under the provisions of sections 577 020 through 577 041, RSMo and 306.111 through 306.119 RSMo

DATE \_\_4/22/2014

NUMBER 240176\_\_\_\_\_

EXPIRES 4/22/2016

signaturation (6-10)

DIRECTOR OF STATE PUBLIC HEALTH LABORATORY

Dul Vanterlan

SIRECTOR OF DEPARTMENT OF HEALTH AND SENIOR SERVICES

( AB 4 (PR-10)



STATE OF MISSOURI

DEPARTMENT OF HEALTH AND SENIOR SERVICES BREATH ALCOHOL PROGRAM

INSTRUMENT OPERATOR CARD

240176

Date Issued 4/22/2014

Data Expires 4/22/2016